

INTENSIVE RESPITE SCREENING FORM

This form is to be used to certify that an individual requires Respite Care Services-Intensive because of the exceptional care needs the individual presents with for this certification. This certification is valid for one year from the date of certification.

PERSON'S ID: 0 _____	PERSON'S NAME:
TODAY'S DATE: ____/____/____ MM DD YR	REQUESTED START DATE OF INTENSIVE RESPITE: ____/____/____ MM DD YR
SUPPORT COORDINATOR:	REQUESTED END DATE OF INTENSIVE RESPITE: ____/____/____ MM DD YR
YOUR PHONE NUMBER: ( )	PROVIDER NAME:
DSPD REGION/OFFICE:	Comments:
RESPITE SERVICES TO BE PROVIDED: <input type="checkbox"/> IN HOME <input type="checkbox"/> OUT OF HOME	

An individual must meet one of these conditions to qualify for "intensive" respite care:

- (1) An individual has a documented complex and/or unstable medical condition that requires constant supervision, or a condition that requires prescription medication or treatment follow through throughout the respite time period.
- ☐ The individual requires catheterization or ostomy care;
  - ☐ The individual must be fed, require tube or gavage feeding, or requires direct supervision while eating to prevent complications such as choking, aspiration or excessive intake;
  - ☐ The individual requires frequent care to prevent or remedy serious skin conditions such as pressure sores or persistent wounds;
  - ☐ The individual has encoprosis or enuresis during daytime hours several times per week;
  - ☐ The individual requires two or more hours of therapy follow through per day;
  - ☐ The individual requires prescription medication in a timely manner such as insulin or seizure medication.

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- (2) An individual has documented behavioral issues that require frequent (at least daily) intervention to prevent property damage or harm to themselves or others:
- ☐ An individual has severe hyperactivity to the point of frequent destructiveness or sleeplessness on a consistent basis;
  - ☐ The individual engages in significant acting out behaviors;
  - ☐ The individual engages in aggressive behavior on a daily basis including biting, scratching or throwing objects;
  - ☐ The individual has self-injurious behavior on a daily basis, including head banging, eye poking, biting, picking or cutting;
  - ☐ The individual runs away for a long period of time, returning only as a result of intervention of others.
- (3) ☐ An individual requires assistance with multiple personal care needs including dressing, bathing, and toileting. An individual requires assistance with transfers and positioning throughout the day.
- (4) ☐ There is a need for a specialized skill (such as an interpreter) or specialized equipment in the respite setting to assure health and safety. .

APPROVALS:

Support Coordinator:

Date:

Supervisor:

Date:

Contract Analyst:

Date:

Region Director:

Date: